

Sample Survey for Determining Primary Medical Care FTE

The following may be used as a guide for MUA and MUP requests. This information should be collected for each primary care physician at a practice location. Not all questions may apply to a specific designation request.

Physician's name: _____

Specialty: _____

Percent of Practice: _____

Sub-specialty: _____

Percent of Practice: _____

Location of Practice - City: _____ Zip _____

How many hours a week is the physician engaged in patient care activities at this location? ____

Additional Office Location - City: _____ Zip _____

How many hours a week is the physician engaged in patient care activities at this location? ____

Does the physician have hospital admitting privileges, and if so, does the physician follow up with admitted patients at the hospital?

Yes _____ No _____

If a physician works less than a total of 40 hours a week in patient care, please provide a brief explanation, i.e. semi-retired, administration, teaching, other

Does the physician serve Medicaid patients? Yes _____ No _____

If yes, what percent of his/her practice? _____

Does the physician offer a sliding fee scale based on income or ability to pay? Yes _____

No _____

If yes, what percent of his/her practice? _____

Does the physician or others on staff offer language interpretation?

Yes _____ No _____

If yes, what languages? _____

Does the physician see migrant farmworkers as patients? Yes _____ No _____

If yes, what percent of his/her practice? _____